



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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March 1, 2012

Timothy Sayler, Administrator
St Joseph Regional Medical Center
PO Box 816
Lewiston, ID 83501

RE: St Joseph Regional Medical Center, Provider #130003

Dear Mr. Sayler:

On February 9, 2012, a follow-up visit of your facility, St Joseph Regional Medical Center, was conducted to verify corrections of deficiencies noted during the survey of December 9, 2011.

We were able to determine that the Condition of Participation of **Patient Rights (42 CFR 482.13)** is now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Thank you for the courtesies extended to the surveyors during their visit. If we can be of any help to you, please call us at (208) 334-6626.

Sincerely,

TERESA HAMBLIN
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

TH/srm
Enclosures
cc: Kate Mitchell, CMS Region X Office